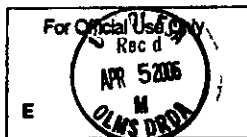


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>048819</u> <u>7108</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>05</u> Through <u>12</u> / <u>31</u> / <u>05</u>
3 Name and address of person filing Name <u>Meryl</u> <u>P</u> <u>Bauer</u> P.O. Box Bldg Room No. if any _____ Street <u>102 E Boone Ave #104</u> City <u>Spokane</u> State <u>WA</u> ZIP Code + 4 <u>99202</u>	4 Name, file number and address of labor organization Name <u>United Union of Roofers, Wtrproofers, #189</u> Labor Organization File Number <u>048819</u> P.O. Box, Building and Room Number if any _____ Street <u>102 E Boone Ave #104</u> City <u>Spokane</u> State <u>WA</u> ZIP Code + 4 <u>99202</u>
5 Position in labor organization. <u>Fin Sec. Treas.</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P.O. Box Bldg Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a Nature of Interest Transaction or Income _____ _____ _____ 7.b Amount _____

Signature

16. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct and complete. (See the section on penalties in the instructions.)	
Signed <u>Meryl P. Bauer</u>	On <u>3-31-06</u> <u>509-327-2322</u> Date Telephone Number

Name of Person Filing <u>Meryl P. Bauer</u>	File Number U _____
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Meryl Pat Bauer
Trade Name if any _____
P O Box Bldg Room No if any _____
Street 5208 W Bedford
City Spokane
State WA ZIP Code + 4 99208

9 Business deals with

- ☐ a Labor Organization
☒ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name NW Roofers & Employers Trust Fund
Trade Name if any _____
P O Box Bldg Room No if any PO Box 34203
Street 2815 Second Ave #300
City Seattle
State WA ZIP Code + 4 98124

11.a Nature of such dealing

Reimbursed Trust meeting expenses

11 b Approximate dollar value of such dealing

12.a Nature of interest held or income received

Reimbursed Trust meeting expenses

12 b Amount \$ 809.51

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____
Trade Name if any _____
P O Box Bldg Room No if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment